

COMPANY FEIN: _____

_____)	
(Name of Claimant))	Claim No. _____
VS)	Department of Insurance
Department of Insurance)	State of Alabama
State of Alabama)	

(All blanks must be filled in with a typewriter or printed in ink.) Claim and documentary evidence in support of claim must be submitted in duplicate. Give complete information. Be specific.

1. Name and mailing address of claimant _____

2. Date claim accrued _____

3. Statement of facts from which claim arises and amount of claim being made

4. No part of this claim has been assigned by me and no amount has been paid to or received by me in payment of this claim except as follows: _____

Wherefore claimant respectfully prays that the State of Alabama will take cognizance of this claim and upon consideration thereof make an award for the amount claimed.

(Signature of Claimant)

STATE OF _____)

COUNTY OF _____)

Before me, _____, a Notary Public in and for said State and County, personally appeared _____, who being made known to me, and being informed of the contents of this petition and the statements by him/her therein, and being by me duly sworn, says such statements are true and correct.

Sworn to and subscribed before me this _____ day of _____, _____.

(Notary Public)